

Accident #: \_\_\_\_\_

Submit to Insurance \_\_\_\_ Yes or \_\_\_\_ No

# Auto Accident Report Form

ALL INFORMATION MUST BE COMPLETED

First Steps	Do Not Say	While Still at the Scene
<ul style="list-style-type: none"><li>Remain calm</li><li>Get to a safe place</li><li>Check for injuries</li><li>Call Operations Manager</li><li>Call Office</li></ul>	<ul style="list-style-type: none"><li>It's all my fault, (even if it is).</li><li>My insurance will pay for everything.</li><li>It's OK, I have full coverage.</li></ul>	<ul style="list-style-type: none"><li>Get as much information as possible on this report.</li><li>Take Pictures</li><li>When/If the police come, cooperate and tell them what you know.</li></ul>

## Accident Details

Day/Date/Time AM/PM	
Weather/Road Conditions	
Dealership Name & Address	
Describe Incident in Detail (Be very specific)	

Damage Description: Vehicle #1 (Include Pictures)	Damage Description: Vehicle #2 (Include Pictures)

## Driver/Vehicle Information

Vehicle #1 Driver's Name & Signature:	
Vehicle #1 Drivers License #:	
Vehicle #1 Driver's Address:	
Vehicle #1 Driver's Phone:	
Vehicle #1 VIN:	
Vehicle #1 Make/Model/Year/Color:	
Vehicle #1 License Plate #:	
Vehicle #2 Driver's Name & Signature:	
Vehicle #2 Drivers License #:	
Vehicle #2 Driver's Address:	
Vehicle #2 Driver's Phone:	
Vehicle #2 VIN:	
Vehicle #2 Make/Model/Year/Color:	
Vehicle #2 License Plate #:	

Manager Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Operation Manager Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Passengers/Injuries:

Vehicle #1	Vehicle #2
# Passengers:	# Passengers:

Police Information

Officer Name:	
Department:	
Phone:	
Badge Number:	
Other Info:	

Witness Information

Name:		Name:	
Address:		Address:	
Home Phone:		Home Phone:	
Work Phone:		Work Phone:	

Sketch the Accident Scene:

Manager Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Operation Manager Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_